DEPARTMENT OF THE AIR FORCE

HEADQUARTERS UNITED STATES AIR FORCE

WASHINGTON, DC

0 1 OCT 2004

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SGO
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: Automation of Pre- and Post- Deployment Health Assessment Forms

Ref: AF/SG Memorandum, 22 May 2003, *Medical Procedures for Deployment Health Surveillance*

       Assistant Secretary of Defense/Health Affairs directed completion of pre- and post-deployment health assessments via automated means upon fielding of appropriate technology (Atch 1). Last year the AF/SG memorandum, 22 May 2003, *Medical Procedures for Deployment Health Surveillance*, directed that "once automated", deployment health assessments would be completed electronically. I am now directing Air Force Medical Treatment Facilities and Reserve Medical Units (RMU) to immediately transition to automated completion of these forms.

       Pre-deployment Health Assessments (DD Form 2795) will be completed electronically via PIMR or AFCITA when preparing our expeditionary Airmen during pre-deployment processing. Air Force MTF and RMU commanders will determine the most appropriate processes to ensure compliance with this directive.
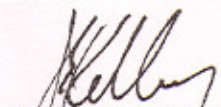
       Active duty and Air National Guard will now complete both the DD Form 2795 (Pre-deployment Health Assessment) and DD Form 2796 (Post-deployment Health Assessment) electronically via Preventive Health Assessment/Individual Medical Readiness (PIMR).

       Air Force Reserve Command will complete the DD Forms 2795 and 2796 via the Air Force Complete Immunization Tracking Application (AFCITA).

       The Central Command Air Forces (CENTAF) will use Air Force Complete Immunization Tracking Application (AFCITA) to complete the Post-deployment questionnaires via electronic format during in-theater medical outprocessing. Home station MTF's and RMU's will review the medical records of redeploying Airmen within 5 days of return. If the DD Form 2796 was not completed electronically in theater, complete the DD Form 2796 electronically in PIMR (for active duty and ANG) or AFCITA (for AFRC).

       Photocopies of the DD Form 2795/2796 are no longer required for the Army Medical Surveillance Activity (AMSA) . However, ensure a hard copy of each form is filed in the outpatient medical record. All other aspects of the Deployment Health Surveillance Program as outlined in AF/SG memorandum, 22 May 2003 remain unchanged.

My point of contact for this memorandum and for the Deployment Health Surveillance Program is Lt Col Dennis Fay, AFMSA/SGPP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4330, e-mail: dennis.fay@pentagon.af.mil

JOSEPH E. KELLEY
Major General, USAF, MC, CFS
Assistant Surgeon General, Health Care Operations
Office of the Surgeon General

Attachment:
ASD/HA memorandum, 21 May, 2004, *Automation of Pre- and Post-deployment Health Assessment Forms*

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

MAY 2 1 2004

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
MEDICAL OFFICER OF THE MARINE CORPS
JOINT STAFF SURGEON

SUBJECT: Automation of Pre- and Post-deployment Health Assessment Forms

The Department of Defense has made great strides toward ensuring the health of our service members in deployed locations. Part of this effort has been the assessment of the health of our forces before and after deployment. Collection of the DD Forms 2795 and 2796, Pre-and Post-deployment Assessment Forms, has been ongoing and continues to improve. It is now time to ensure the data from completed DD Forms 2795 and 2796 are collected and forwarded to the Defense Medical Surveillance System (DMSS) in an automated fashion.

While the long-term solution must be integrated as part of the computerized patient record within the Military Health System Central Data Repository, I believe we must capture these data electronically as soon as possible. Electronic submission of pre-/post-deployment assessments is considerably more efficient, reduces the possibility of error, and ensures critical data are immediately available to the service member's health care provider through TRICARE Online. I am asking the Services to provide an interim solution to meet this objective as soon as possible. The Army has successfully fielded an automated solution and is currently forwarding the majority of post-deployment assessments and a growing proportion of their pre-deployment assessments to DMSS in an electronic format. Recommend the other Services evaluate the potential for using this technology to provide similar capability. Please be prepared to provide a copy of your implementation plan with timeline and milestones no later than June 7, 2004.

My point of contact for this issue is Colonel Kenneth Cox, DHSD, 703-578-8523, Kenneth.Cox@deploymenthealth.osd.mil.

William Winkenwerder Jr.

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